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BIBDATASHEET**CONFIRMATION NO. 8739**

Bib Data Sheet

SERIAL NUMBER 09/680,064	FILING DATE 10/04/2000 RULE	CLASS 717	GROUP ART UNIT 2124	ATTORNEY DOCKET NO. 30013630-0005
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APPLICANTS

Peter Coad, Raleigh, NC;

Dietrich Charisius, Stuttgart, GERMANY;
Alexander Aptus, Esslingen, GERMANY; *TF*

**** CONTINUING DATA *******

This appln claims benefit of 60/157,826 10/05/1999 *TF*
and claims benefit of 60/199,046 04/21/2000

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **** SMALL ENTITY ****
**** 12/19/2000**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>[Signature]</i> Examiner's Signature Initials	STATE OR COUNTRY NC	SHEETS DRAWING 8	TOTAL CLAIMS 43	INDEPENDENT CLAIMS 8
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ADDRESS
23485
JINAN GLASGOW
P O BOX 28539
RALEIGH , NC
276118539

TITLE
Method and system for collapsing a graphical representation of related elements

FILING FEE RECEIVED 827	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Bib Data Sheet

CONFIRMATION NO. 8739

SERIAL NUMBER 09/680,064	FILING DATE 10/04/2000 RULE	CLASS 345	GROUP ART UNIT 2673	ATTORNEY DOCKET NO. 30013630-0005
APPLICANTS Peter Coad, Raleigh, NC; Dietrich Charisius, Stuttgart, GERMANY; Alexander Aptus, Esslingen, GERMANY;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/157,826 10/05/1999 AND CLAIMS BENEFIT OF 60/199,046 04/21/2000				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/19/2000				
** SMALL ENTITY **				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY NC	SHEETS DRAWING 8	TOTAL CLAIMS 43
INDEPENDENT CLAIMS 8				
ADDRESS Ms. Marina N. Saito Sonnenschein Nath & Rosenthal Wacker Drive Station, Sears Tower P. O. Box 061080 Chicago ,IL 60606-1080				
TITLE Method and system for collapsing a graphical representation of related elements				
FILING FEE RECEIVED 827	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			
<input type="checkbox"/> All Fees				<input type="checkbox"/> 1.16 Fees (Filing)
<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)				<input type="checkbox"/> 1.18 Fees (Issue)
<input type="checkbox"/> Other _____				<input type="checkbox"/> Credit